

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

10320

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10320

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name James E. Clark

P.O. Box, Bldg., Room No., if any

Street 1016 Ellis St

City Kewaunee

State Wisconsin ZIP Code + 4 54216

4. Name, file number, and address of labor organization.

Name Plumbers & Steamfitters Local # 400

Labor Organization File Number 540-864

P.O. Box, Building and Room Number, if any P.O. Box 533

Street 2700 Northridge Drive

City Kaukauna

State Wisconsin ZIP Code + 4 54130-0530

5. Position in labor organization. Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Mech Contr. Asso. of North Central WI Ind. Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite D

Street 3315 N. Ballard Road

City Appleton

State Wisconsin ZIP Code + 4 54911-8988

7.a. Nature of Interest, Transaction, or Income.

MCA Golf Outing 6/8/04 \$ 53.92

7.b. Amount.

\$54

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James E. Clark

On

8/15/05

Date

920-462-0413

Telephone Number

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10321</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gregory J Choudoir</u> P.O. Box, Bldg., Room No., if any Street <u>3605 Winterset Drive</u> City <u>Appleton</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54911-8553</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers & Steamfitters Local # 400</u> Labor Organization File Number <u>540-864</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 530</u> Street <u>2700 Northridge Drive</u> City <u>Kaukauna</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54130-0530</u>
5. Position in labor organization. <u>Assistant Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Mech Contr. Asso. of North Central WI Ind. Fund</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>Suite D</u> Street <u>3315 N. Ballard Road</u> City <u>Appleton</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54911-8988</u>	7.a. Nature of Interest, Transaction, or Income. <u>Christmas Party 12/6/04 \$146.78</u> <u>MCA Golf Outing 6/8/04 \$ 53.92</u> 7.b. Amount. <u>\$201</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gregory J. Choudoir</u>	On <u>8-12-05</u> Date	<u>920-462-0405</u> Telephone Number